

## APPLICATION FOR CLOSURE OF ACCOUNT ON MATURITY



## APPLICATION SIDE (To be filled by depositor)

Name of the Post Office..... Date 

D	D	M	M	Y	Y	Y
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Type of Account:  SB  RD  TD  MIS  SCSS  PPF  SSA  KVP  NSC, Others.....Account No. 

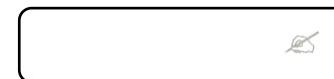
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(1) I/We hereby submit pass book and apply for closure of my above mentioned account matured on \_\_\_\_\_.

(2) Please Credit the amount to my SB Account no. \_\_\_\_\_ standing at \_\_\_\_\_ (Name of Account office).

OR Please issue account payee chequeOR Please pay in cash (applicable if the amount is below permissible limit)

\*Certified, that the amount sought to be withdrawn is required for the use of ..... who is alive and still a Minor/unsound mind.



## Signature or thumb impression of account holder(s)/guardian

Attested By.....(Name & Address)  
(Applicable in case of thumb impression)

Initial of Postal Assistant

Initial of Postmaster



## PAYMENT ORDER (For office use only)

Date 

D	D	M	M	Y	Y	Y
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Transaction ID \_\_\_\_\_

## Payment Details

Principal:- ₹.....

Interest due(+):- ₹.....

Recovery of Interest overpaid (-):- ₹.....

Deduction (if any) (-):- ₹.....

Total amount to be paid ₹..... (In figures)

₹..... (in words)



Date Stamp



Signature of Postmaster

## ACQUITTANCE (to be filled by depositor)

Received ₹..... (In figures) ₹..... (in words) by Cash or Cheque No. .... dated ..... or

Please credit into my Savings Account No. ....



## Signature or thumb impression of account holder(s)/guardian

Mobile No. ....  
Attested By.....(Name & Address)  
(Applicable in case of thumb impression)